

Washington State

Board of Health

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2007 Five-Year Strategic Plan

Preliminary

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Washington State Board of Health

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MISSION STATEMENT

The Board's mission is to provide statewide leadership in advancing policies that protect and improve the public's health.

This mission is achieved by:

- *Reviewing and monitoring the health status of all people in Washington;*
- *Analyzing policies, providing guidance, and developing rules;*
- *Promoting system partnerships; and*
- *Encouraging public engagement in the public health system.*

VISION STATEMENT

Our vision is that the health and safety of all people in Washington will improve.

GOALS

1. Increase the capacity of the public health system.
2. Assure access to critical health services.
3. Reduce health disparities.
4. Improve health by promoting healthy behaviors.
5. Promote natural and built environments that are healthy and safe.

STATUTORY AUTHORITY

The State Board of Health is a constitutional agency of the State of Washington. Article XX, Section 1 states: "There shall be established by law a state board of health and a bureau of vital statistics in connection therewith, with such powers as the legislature may direct."

The Board's primary authorizing statute is chapter 43.20 RCW. Section 020 describes the composition of the Board, while section 050 describes most of its powers and duties. This latter section contains the broad, general authorities that underlie most traditional public health activities in this state, things like clean drinking water standards, communicable disease control and reporting, food safety, and regulation of onsite septic systems.

In addition, some three dozen statutory sections outside of chapter 43.20 RCW grant the Board a variety of authorities. The statutory sections granting the Board its operating authorities are listed in the chart on the next three pages.

RCW	Description
16.70.040	Adopt rules for importation, movement, sale, transfer, or possession of pet animals to protect human health
18.16.100	Director of licensing may consult with Board on cosmetology regulation
18.16.175	Director of licensing may consult with Board on minimum requirements for beauty salons, barber shops, or mobile unit
18.39.215	Embalming of human remains not required except as required by Board in rule
18.51.070	DSHS shall consult with the Board on nursing home rules
18.120.040	Review and comment on applications by health professions seeking regulation
28A.210.010	Adopt rules regarding presence at school facilities of people who have, or have been exposed to, a communicable disease
28A.210.020	Establish procedures for auditory and visual screening in schools
28A.210.080	Establish requirements for compliance with a schedule of immunization (conditional status) in addition to full immunization
28A.210.100	Regulate immunization form and record keeping
28A.210.140	Establish requirements for “full immunization” for school and child care entry
28A.210.200	Establish procedures for screening public school children for scoliosis
35.70.020 35.90.020 57.08.005 36.94.020	Approve training to measure accumulation of scum in onsite sewage systems
43.20.020	Composition of Board, Board staff, member compensation and travel
43.20.050(1)	Serve as public forum, recommend policy to secretary, explore ways to improve health status of the citizenry, and develop state health report.
43.20.050(2)(a)	Adopt rules to assure safe and reliable public drinking water.
43.20.050(2)(b)	Adopt rules for prevention, control, and abatement of health hazards and nuisances related to the disposal of wastes (e.g., on-site septic systems, animal carcasses, general sanitation)
43.20.050(2)(c)	Adopt rules for environmental conditions in public facilities, including food service establishments, schools, institutions, recreational facilities and transient accommodations
43.20.050(2)(d)	Adopt rules for the imposition and use of isolation and quarantine
43.20.050(2)(e)	Adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness (e.g., food code, communicable disease reporting); adopt rules governing the receipt and conveyance of deceased human remains
43.20.050(2)(f)	Adopt rules for accessing databases for health-related research.
43.20.050(3)	Board may delegate (and rescind) rule-making authority to the secretary

RCW	Description
43.20.050(4)	Board rules enforceable by health officers, law enforcement and all other employees of state and local government
43.20.050(5)	Advise secretary on health policy issues pertaining to department and state
43.20.100	Annual report to the Governor required
43.20.200	Grant-in aid payments for local health departments allowed
43.70.050	Promote and assess the quality, cost, and accessibility of health care throughout the state (shared with Department of Health)
43.70.130	Receive reports from secretary of health and take action as necessary
43.70.310	Regularly consult with the Department of Ecology
43.70.520	Consult on development of public health improvement plan
59.20.190	Adopt rules for health and sanitation in mobile home parks
64.44.010	Establish standards for decontamination of property; identify which precursor substances used in illegal drug manufacture pose a human health hazard
64.44.070	Establish rules to implement chapter 64.44 RCW—Contaminated Properties
69.06.010	Set standards and requirements for food and beverage worker permits
69.06.020	Set uniform statewide fee for food and beverage worker permits
69.30.030	Regulate sanitation of shellfish, shellfish growing areas, and shellfish plant facilities
69.30.110	Adopt rules for the disposal of seized shellfish
70.05.110	Specify diseases that must be reported to the state
70.05.120	Power to remove local health officer or administrative officer who refuses or neglects to enforce any rules, regulations, or orders from SBOH
70.05.150	Approve contracts for the sale or purchase of health services between local health departments or districts
70.24.017	Define AIDS by clinical syndrome of HIV-related disease; approve tests for sexually transmitted diseases (STDs); determine diseases deemed to be sexually transmitted
70.24.022	Adopt procedures for interviewing persons with sexually transmitted diseases; determine when person is reasonably believed to be infected with an STD
70.24.024	Determine behaviors that “endangers the public health” for people with STDs; establish procedures for investigations
70.24.024	Define “behaviors that present an imminent danger to the public health” for people with STDs; designate detention facilities; establish standards for counseling and education
70.24.050	Approve procedures and regulations for diagnosis and reporting of STDs
70.24.070	Designate detentions and treatment facilities for people with STDs
70.24.105	Identify persons who may receive HIV test results following occupational exposure
70.24.125	Establish reporting requirements for STDs

RCW	Description
70.24.130	Establish rules as necessary to implement chapter 70.24 RCW
70.24.320	Define “HIV testing”
70.24.340	Identify persons who may request a health officer order requiring HIV testing following substantial occupational exposure; define “substantial exposure”
70.24.360	Define behaviors that present “possible risk” of HIV transmission to jail staff or others
70.24.370	Department of corrections will consult with Board when defining “possible risk” at state correctional facilities
70.24.380	Establish minimum standards for HIV pretest counseling, testing, posttest counseling, and AIDS counseling
70.24.450	DOH reports annually to Board on confidentiality of reported information
70.28.032	Adopt rules for tuberculosis reporting; define due process protections for people detained and required to undergo TB testing and treatment; establish training standards for people who administer TB tests and medications
70.46.080	Health districts operated in accordance with guidelines established by Board
70.46.090	County that withdraws from health district must meet Board standards
70.58	Authority for vital statistics, including birth certificates and fetal death certificates; may remove health officer as local registrar of vital statistics
70.62.240	Adopt health and safety rules for operation and maintenance of transient accommodations
70.83.050	Adopt rules for newborn screening (PKU and other diseases)
70.90.160	Establish design and construction requirements for water recreational facilities
70.104.055	Establish manner and time frame for reports of pesticide poisoning
70.104.057	DOH to consult with Board on continuing education re: pesticide poisoning
70.108.040	Regulate siting and site development for outdoor music festivals
70.168.015	Emergency medical services and trauma care system plan made available to the Board in time to be considered for the state health report

GOALS, OBJECTIVES, AND STRATEGIES

Goal 1: Increase the capacity of the public health system.

Objective 1.1: **Improve public health's capacity to control the spread of communicable disease.**

Strategy 1.1.1: Reserve a portion of the Board's staff capacity to develop timely policy responses to emerging and re-emerging diseases.

Strategy 1.1.2: Assure public health authorities and SBOH rules would be adequate in the event of a communicable disease emergency.

Strategy 1.1.3: Increase immunization rates.

Objective 1.2: **Strengthen the organizational capacity of the state's network of public health agencies.**

Strategy 1.2.1: Participate in the Public Health Improvement Partnership (PHIP).

Strategy 1.2.2: Encourage stable and secure funding for public health.

Strategy 1.2.3: Contribute to efforts to assure public health emergency preparedness.

Objective 1.3: **Support the tribes' efforts to increase their public health capacity.**

Strategy 1.3.1: Identify and pursue ways to strengthen tribal health jurisdictions.

Strategy 1.3.2: Clarify and strengthen relationship between the Board and the tribes.

Objective 1.4: **Strengthen communication and collaboration with local boards of health.**

Strategy 1.4.1: Increase SBOH and local board members' awareness of one another's issues and activities.

Strategy 1.4.2: Identify and act on opportunities for SBOH to contribute to local board development activities.

Objective 1.5: **Increase the organizational capacity of the State Board of Health.**

Strategy 1.5.1: Document Board plans, policies, and procedures.

Strategy 1.5.2: Create opportunities for Board development.

Strategy 1.5.3: Promote performance management throughout SBOH functions.

Strategy 1.5.4: Maintain and strengthen collaboration with agency partners.

Goal 2: Assure access to critical health services.

Objective 2.1: Encourage integrated health care financing systems that pool risks and consolidate administration.

Strategy 2.1.1: Explore partnerships with other health-related organizations.

Strategy 2.1.2: Convene a gathering of medical, insurance, government, non-profit, and business leaders to discuss ways to design an insurance system that consolidates risk pools and administrative functions.

Objective 2.2: Increase use of the Board's Menu of Critical Health Services.

Strategy 2.2.1: Participate in efforts to assess and assure the availability, accessibility, and appropriate utilization of critical health services; encourage use of the menu in context of those efforts.

Objective 2.3: Increase utilization of preventive health services for children.

Strategy 2.3.1: Promote policies designed to increase the number of children who have a medical home.

Strategy 2.3.2: Promote improved availability, affordability, and utilization of preventive health care for children.

Objective 2.4: Increase access to and utilization of immunizations.

Strategy 2.4.1: Articulate clear policy rationale and criteria for existing policies.

Strategy 2.4.2: Assure effective statewide implementation of vaccine requirements for entry into school and child care.

Strategy 2.4.3: Advance effective adult immunization policies.

Objective 2.5: Promote access to preventive mental health services.

Strategy 2.5.1: Strengthen Board expertise on mental health issues.

Strategy 2.5.2: Help identify and promote a public health approach to mental health.

Goal 3: Reduce health disparities.

Objective 3.1: **Encourage a strategic and coordinated state government approach to reducing health disparities.**

Strategy 3.1.1: Support efforts of Governor's minority affairs commissions to encourage a community-based response.

Strategy 3.1.2: Staff Governor's Interagency Council on Health Disparities efforts to produce a statewide action plan by 2008.

Objective 3.2: **Identify and promote policy interventions that improve the health status for specific populations.**

Strategy 3.2.1: Identify and promote interventions for students who are concurrently at risk for both poor health outcomes and poor academic achievement.

Strategy 3.2.2: Understand factors that contribute to higher rates of infant mortality in African American and American Indian/Alaskan Native populations.

Strategy 3.2.3: Promote diversity in the health care workforce.

Strategy 3.2.4: Work with Governor's Interagency Council on Health Disparities to identify interventions within statewide plan.

Objective 3.3: **Integrate health disparities awareness into Board activities.**

Strategy 3.3.1: Explicitly address health disparities in Board work products.

Strategy 3.3.2: Increase the cultural competency of the Board and its staff.

Goal 4: Improve health by promoting healthy behaviors.

Objective 4.1: **Improve nutrition and increase physical activity.**

Strategy 4.1.1: Partner with other organizations to promote better nutrition and increased physical activity, particularly for children in school settings.

Objective 4.2: **Reduce alcohol and tobacco use.**

Strategy 4.2.1: Support the preservation and enhancement of the comprehensive tobacco control program.

Strategy 4.2.2: Help reduce the incidence of Fetal Alcohol Spectrum Disorders.

Strategy 4.2.3: Reduce children's exposure to secondhand smoke in private settings.

Goal 5: Assure natural and built environments that promote and protect human health and safety.

Objective 5.1: Encourage dialog and partnerships between public health professionals and land-use planners.

Strategy 5.1.1: Use existing conferences and meetings to foster dialog.

Strategy 5.1.2: Co-sponsor with University of Washington or other partners a seminar for community decision makers regarding health and the built environment.

Objective 5.2: Assure Board environmental health rules are doing what they are designed to do.

Strategy 5.2.1: Evaluate recently revised rules in a regular and timely manner.

Strategy 5.2.2: Assure environmental health rules are adequate and current; revise if necessary.

Objective 5.3: Assure school environments that promote and protect human health.

Strategy 5.3.1: Ensure that Board rules and associated guidance are adequate and current.

Strategy 5.3.2: Improve quality and number of school environmental health and safety programs.

Objective 5.4: Reduce human exposures to environmental toxins.

Strategy 5.4.1: Support interagency efforts to prevent human exposure to persistent bioaccumulative toxins (PBTs).

PERFORMANCE MEASURES

Agencies are required to propose at least one performance measure for each major activity in their activity inventory. The State Board of Health has not submitted an activity inventory. Because its budget is nested within the Department of Health budget, the Board appears as an activity within the Department's inventory. The performance measures associated with that activity for 2007 are:

- *By January of each year, submit an annual report to the Governor*
- *In 2008, submit a State Health Report to the Governor*
- *Complete two major rule revisions by the end of the biennium*

The Board has developed internal performance measures for each strategy in its 2005 Final Strategic Plan. Goals, objectives, and strategies for this document were primarily drawn from that plan with some minor updates. Those, as well as specific activities associated with each strategy, can be viewed at http://www.doh.wa.gov/sboh/About/documents_bios/StratPlan-Adopted_1-11-06.pdf. The Board expects to identify activities and associated performance measures with each strategy as it continues to refine the 2007-09 Strategic Plan between now and the beginning of the biennium.

PERFORMANCE ASSESSMENT

The Board has improved its performance in several respects in 2005-06. For the first time it has by-laws and a strategic plan with performance measures. It has more written policies in place, activities are better documented, and there is more performance management of employees. The staff is more efficiently organized with clearer responsibilities. Staff is stable. Board members are highly engaged. Rules are updated on a more regular basis.

The performance measures associated with the State Board of Health in the Department of Health activity inventory for 2005-07 were:

- *Submit an annual report to the Governor by January 1 of each year.*
- *By December 2005, convene regional forums to gather citizen input on public health issues.*
- *By April 2006, adopt new rules regarding school environmental health standards.*
- *By January 1, 2006, in collaboration with other health-related agencies, propose a State Health Report for consideration by the Governor.*

The Board successfully met the first goal in 2005 and 2006.

In consultation with the Governor's Office, the Board adopted a revised timeline for the state health report and the associated public forums (goals 2 and 4). The Governor concurred with that timeline in a January 13, 2006 letter. The timeline calls for the draft state health report to be submitted in June 2006 and the forums to be held in April, May, and June. The Board expects to meet the revised timeline. The Board believes this is a unique situation designed to incorporate the Governor's health policy initiatives and future performance measures related to the plan and forum should be achievable.

The Department of Health released a discussion draft of the school environmental health rule in March 2006. The Board and Department have chosen to delay adoption of a final rule. This delay has been requested by stakeholders and reflects a high degree of anxiety and controversy about the rule. The delay will allow the Board and the Department to work with the Governor's Office to involve more decision makers in finding ways to address some of the larger policy issues that this rule making process has surfaced.

Performance measures related to the completion dates of major rule revisions may not be practical for two reasons. First, the Board often relies on the Department's program staff to actually develop the proposed rule and bring it to the Board. Rule-related performance measures, therefore, have the disadvantage of holding the Board accountable for the performance of another agency. Second, the Board and the Department engage in highly participatory and consultative rule development processes that can surface unanticipated conflicts and issues. These can take time to resolve. Flexible, adaptive timelines may lead to the best policy solutions.

APPRAISAL OF EXTERNAL ENVIRONMENT

The Board is a policy making body. It recommends policy to the Secretary of Health and others, and it makes rules that are implemented by local health jurisdictions, schools, the Department of Health, and other agencies. As such, it is not directly impacted by economic trends, caseload changes or related issues. It does not provide direct services, so it does not have clients, per se.

The Board relies on many partners in its work, however. The resources available to those partners can make a significant difference in the success or failure of the Board's policies. The most critical partners are governmental, starting with the Department of Health, which develops most, although not all, of the rules that come to the Board for consideration. The Department is also an implementing agency in some instances. Because of workload issues, the Department's capacity to assist in rule revisions is extremely stretched in some areas—for example, the wastewater program in the Division of Environmental Health.

The majority of State Board of Health rules are implemented by local health jurisdictions. The lack of stable, secure, and adequate funding for public health is well recognized and is currently being studied by the Joint Select Committee on Public Health Financing. Other partners also complain of severely limited resources. It is difficult to improve regulations if the implementing agencies are not adequately funded. For example:

- *Local health jurisdictions were reluctant to commit to more planning around operations and maintenance for on-site septic systems in marine areas until the state provided funding for planning and database development in the 2005 legislative session.*
- *Schools resisted a Board rule requiring that children entering school and kindergarten be immunized against varicella (chickenpox). They agreed with the public health need, but felt there were too few school nurses and administrative staff to meet the new requirement.*
- *Schools are concerned about the cost of revisions to the school environmental health rule, and local health jurisdictions that do not already have active school inspection programs are reluctant to start new programs. The Department of Health, which would*

be called on to provide technical assistance, has only one staff person in its school health and safety program.

Other critical partners for the Board are nongovernmental organizations that advocate on health issues, professional associations, and the regulated communities.

INTERNAL CAPACITY AND FINANCIAL HEALTH

The Board has lost capacity in the last several years and that has had some impact on its ability to do its job. The Board is completely funded through General Fund-State dollars. During the past five years, the Board's financial base has been cut approximately 20 percent. Although the budget has not diminished by that amount, that is because of increases in salaries, benefit charges, pension costs and other factors set by the state. The Board is co-located with the Department and incurred additional ongoing overhead costs as a result of the relocation of the Departments to new offices in Tumwater.

The Board used to meet monthly and it now meets about eight times per year. Its agendas are extremely tight. The Board reorganized staff in 2005 to reduce its salary base, eliminating a WMS position, and still it does not use all of its allocated FTE most years because it cannot afford to do so. Staff's ability to attend meetings with strategic partners is extremely limited because of the tight travel budget and there is almost no budget for technology replacement or staff training and development. In past years, these items have been funded through salary savings when positions have been vacant or by charging work related to bioterrorism preparedness to federal grants. The Board continues to look at ways to cut costs—this year, for instance, it may attempt to hold an electronic meeting though the University of Washington's iLink system.

The Board will receive additional funding in fiscal year 2007 to support the Governor's Interagency Council on Health Disparities and to review policies to determine their likely impact on health disparities. This will add staff to the Board and could be beneficial to the Board's budget in small ways. For example, the Board's current office space is underutilized. Adding staff for health disparities work without paying the Department for additional work stations could produce some savings to the Board's regular budget—savings that could be used for travel, staff development, and equipment.

Fiscal year 2007 will be something of a test year for the Board's budget. Costs for the council and for conducting health impact reviews are not fully understood. This could affect the board internal capacity and financial health for 2007-09. Initiating the health disparities work will also be a challenging administratively, since this will be an entirely new activity that requires a roughly 60 percent increase in staff (3.1 FTE added to an existing staff of 5 FTE).

State Board of Health Logic Model

